



Dental Professionals Against Violence

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## **DENTAL PROFESSIONALS AGAINST VIOLENCE MANDATED REPORTING AND DENTAL PROFESSIONALS**

Statistics show that 65% of physical child abuse is visible in the head and neck region. About 75% of physical injuries from domestic violence are inflicted to the head, face, mouth, and neck. Dental professionals are in an excellent position to recognize such abuse. Even when victims of violence avoid seeking medical attention, they will keep routine and emergency treatment dental appointments. As mandated reporters in California, dental professionals have the responsibility of reporting suspected child abuse and neglect, elder abuse and neglect, and domestic violence where physical assault has occurred. Dentists, registered dental hygienists, and registered dental assistants can be the first line of defense for an abuse victim and increase the victim's chances of obtaining assistance. A child is defined through the age of 18. An elder is defined as a person 65 years of age and older. People with special disabilities at any age are protected.

### **RADAR for Dental Professionals / Mandated Reporters**

**R**= Recognize signs and symptoms of abuse/neglect, Routinely screen

**A**= Ask direct, non-judgmental questions with compassion

**D**= Document your findings

**A**= Assess patient safety

**R**= Review, refer, report

-adapted from Massachusetts Medical Society

### **CLINICAL SIGNS OF PHYSICAL ABUSE**

Bruises, bites, burns, lacerations, abrasions, head injuries, skeletal injuries, and other forms of trauma are signs and symptoms of abuse detectable in the dental office. These may include:

- ◆ Intraoral (inside the mouth) bruises from slaps, hits, and soft tissue pressed on hard structures like teeth and bones.
- ◆ Soft and hard palate bruises and abrasions from implements of penetration could indicate force from a sexual act.
- ◆ Fractured teeth, nose, mandible and/or maxilla. Signs of healing fractures may be detected in panoramic radiographs.
- ◆ Abscessed teeth could be from tooth fractures or repeated hitting to one area of the face.
- ◆ Torn frenum (a fold of membrane that checks or restrains the motion of a part, such as the fold on the underside of the tongue or upper lip) from assault or forced trauma to the mouth or attempted forced feeding.
- ◆ Bitemarks
- ◆ Hair loss from pulling, black eyes, ear bruises, other trauma, and lacerations to the head.
- ◆ Attempted strangulation marks on neck.
- ◆ Other injuries to arms, legs, and hands noted during the visit.

## **Dental Neglect**

Dental neglect is defined as the willful failure by a person or guardian to seek and obtain appropriate treatment for caries and infections or any other conditions of the teeth or supporting structures that:

- ◆ Makes routine eating difficult or impossible
- ◆ Causes chronic pain
- ◆ Delays or retards a child's growth or development
- ◆ Makes it difficult or impossible for a child to perform daily activities such as playing, working or going to school
- ◆ Lack of care that medically endangers the person

Dental Neglect includes:

- ◆ Untreated rampant caries, easily detected by a layperson
- ◆ Untreated pain, infection, bleeding or trauma affecting the orofacial region
- ◆ History of a lack of follow-through for care with identified dental pathology

Sometimes the dental neglect can be an indicator of a larger neglect problem. Nontreatment or lack of the continuity of care is critical in the case of facial infections that could travel through the facial planes of the body toward the heart. When calling Child Protective Services, Adult Protective Services, or the Long Term Care Ombudsman be prepared to explain the serious consequences of the observed neglect case so the caseworker will understand the ramifications. They may not be as familiar with the dental conditions and the time you spend may help other cases too.

## **STRANGULATION**

Strangulation is defined as a form of asphyxia (lack of oxygen) characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck. The three forms of strangulation are hanging, ligature, and manual. Almost all attempted or actual homicides by strangulation involve either ligature or manual strangulation. Ten percent of violent deaths in the United States each year are due to strangulation, six females to every male.

Visible injuries to the neck include scratches, abrasions, and scrapes. These may be from the victim's own fingernails as a defensive maneuver, but commonly are a combination of lesions caused by both the victim and the assailant's fingernails. Lesion location varies depending on whether the victim or assailant used one or two hands, and whether the assailant strangled the victim from the front or back.

The general clinical sequence of a victim who is being strangled is one of severe pain, followed by unconsciousness, then brain death. The victim will lose consciousness by anyone or all of the following: blocking of the carotid arteries (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, causing the victim to be unable to breathe.

Only eleven pounds of pressure placed on both carotid arteries for ten seconds is necessary to cause unconsciousness. However, if pressure is released immediately, consciousness will be regained within ten seconds. To completely close off the

trachea, three times as much pressure (33 lbs.) is required. Brain death will occur in 4 to 5 minutes, if strangulation persists.

Symptomatic voice changes will occur in up to 50 percent of victims, and may be as mild as simple hoarseness (dysphonia) or as severe as complete loss of voice (aphonia). Swallowing changes are due to injury of the larynx cartilage and/or hyoid bone. Swallowing may be difficult but not painful (dysphasia) or painful (odynophagia). Breathing changes may be due to the hyperventilating that normally goes hand in hand with a terrifying event, but more significantly may be secondary to an underlying neck injury. The victim may find it difficult to breathe (dyspnea) or may be unable to breathe (apnea). It is critical to appreciate that although breathing changes may initially appear to be mild, underlying injuries may kill the victim up to 36 or more hours later due to decompensation of the injured structures.

(This section courtesy of Gael Strack, JD and George McClane, MD, San Diego)

## DOCUMENTATION

Documentation is an important part of your chart, records, and mandated report. Your charts can be important court documents. Keep in mind those objective observations and descriptions, supplemented with narrative descriptions and statements, measurements, drawings and/or photographs will often speak for itself. Radiographs and photographs of suspected child abuse and neglect do not require parental permission per state law.

The dental chart reflects collected information and data regarding incidents of trauma, routine examinations, and treatments that often include charting of the soft and hard tissues of the head and neck. Periapical radiographs (x-rays) of individual teeth and panoramic radiographs of the head may be available for pre- or post-trauma comparison. If the patient has had restorative or orthodontic treatment, available plaster or stone study models may demonstrate pre-trauma conditions. Intraoral or extraoral photographs may document structures prior to trauma. If trauma is demonstrated inside the mouth, intraoral color photography provides documentation.

Dental Office Setting	
<p>What was recorded in the patient chart: Situation: New patient emergency with chief complaint of pain in upper right quadrant and two fractured teeth.</p> <p>Emergency exam: History, Oral Exam, Radiographs (periapicals, bitewings and panoramic)</p> <p>Diagnosis:</p> <ul style="list-style-type: none"><li>◆ Fractured teeth #3 and #4</li><li>◆ Observe maxillary and mandibular teeth on right side for possible nonvital response to trauma.</li><li>◆ No maxilla or mandibular fractures</li></ul> <p>Treatment indicated:</p> <ul style="list-style-type: none"><li>◆ Tooth #3 - Root canal, post and crown, abutment for 3-unit bridge (Mesiobuccal cusp fracture into the pulpal cavity)</li></ul>	<p>In addition to charting of dental findings, suggested charting would include:</p> <ul style="list-style-type: none"><li>◆ Photos (intraoral and extra oral)</li><li>◆ Quoted remarks and disclosures made by the patient to the dental staff. (i.e., "My husband hit my face with his fist.")</li><li>◆ Quoted remarks and disclosures made by the person accompanying the patient. (i.e., "She is so clumsy that she keeps falling and hitting her head. What am I to do?")</li><li>◆ Full descriptions of the soft and hard tissue injuries (i.e., bruising, lacerations, bleeding, and swelling) that include measured size, shape and color.</li><li>◆ Observable demeanor and behavior of the patient. (i.e., The patient ducked as her husband accompanying her raised his hand toward her to make a point.)</li></ul>

<ul style="list-style-type: none"> <li>♦ Tooth #4 - Extraction, pontic (Coronal fracture beneath maxillary bone requiring tooth extraction)</li> <li>♦ Tooth #5 - Full crown abutment for 3-unit bridge</li> </ul>	<ul style="list-style-type: none"> <li>♦ Other observable physical signs and/or symptoms that suggest physical abuse. (i.e. there were two linear bruises 5 cm in length on the patient neck, right side. One bruise was slightly higher on the neck than the other. The top bruise was red in color. The bottom bruise was purple in color. The patient also had two oval-shaped bruises (2 cm in size each). Location: one on each side of the larynx. The patient had a raspy voice and appeared to have difficulty catching her breath.)</li> <li>♦ Referral to physician to follow-up on breathing difficulty. If patient appears in acute respiratory distress, call 911)</li> <li>♦ Note to chart that mandated report was telephoned in to law enforcement. Copy of written report placed in confidential area of chart.</li> </ul>
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-Shanel-Hogan, KA. (2002). Domestic violence charting for dental office. In Domestic Violence Practical Guide for Providers, Yolo County, 3<sup>rd</sup> revision. (2002), p. 7.

## **MANDATED REPORTING**

If the situation is an emergency or you feel that the person is in immediate danger call **911** and report the situation to law enforcement.

### **Child Abuse/Neglect: Report to County Child Protective Services**

Child abuse/neglect reporting entails calling a child protective service agency such as Child Protective Services (CPS) immediately or as soon as practically possible by phone with a written report forwarded within 36 hours of call.

### **Elder & Dependent Adult Abuse/Neglect:**

#### **Report to Elder & Dependent Adult Abuse/Neglect Hotline**

**1-888-436-3600**

Elder & dependent adult abuse/neglect is reported immediately (or as soon as practically possible) by telephone through the Elder & Dependent Adult Abuse/Neglect Hotline. Adult Protective Services (APS) will be handling cases for adults who live at home. The California Long-Term Care Ombudsman will be handling cases if the elder is living in a long-term care facility. A written report must be forwarded within two working days of receiving the information by phone regarding the incident.

### **Domestic Violence/Intimate Partner Violence: (physical assault only):**

#### **Report to Local Law Enforcement**

Domestic or intimate partner violence (in the case of treating a patient that presents with injuries due to a physical assault only) is reported by telephone to law enforcement followed up with a written report within 2 days.

Each county has their own reporting protocol regarding contact agencies. Current telephone numbers can be obtained from the white pages of your telephone book. Numbers can also be obtained from the following sources.

- ♦ **Childhelp USA National Child Abuse Hotline – 1-800-422-4453**
- ♦ **The National Domestic Violence Hotline - 1-800-799-7233**
- ♦ **California Elder & Dependent Adult Abuse/Neglect Hotline:**  
**1-888-436-3600**

Sample copies of forms to report suspected child abuse/neglect, domestic violence (physical assault) and dependent adult-elder abuse/neglect are included in this handout. The actual child abuse and elder abuse form is in NCR format. Please contact the California Department of Justice Bureau of Criminal Identification and Information, P.O. Box 90317, Sacramento, CA 94203-4170 to obtain child abuse/neglect mandated reporting forms. Dependent adult-elder abuse/neglect mandated reporting forms may be obtained by faxing a request for Form SOC 341 from the California Department of Social Services at 916-371-3518. The domestic violence reporting form included in this handout may be obtained at [www.ucdmc.ucdavis.edu/medtrng/domain/Suspect\\_Violent\\_Injury.pfd](http://www.ucdmc.ucdavis.edu/medtrng/domain/Suspect_Violent_Injury.pfd).

#### **LEGAL AND LIABILITY ISSUES**

**Confidentiality** - When a report is made, your identity is kept confidential within the state offices involved in the reporting process. If a case should go to court, your identity would be made known to the court through your written report and documentation, or if you were required to testify. You should be aware that the majority of cases never reach the courts, as the Department of Social Services attempts to rectify most cases in a variety of ways. If a case does go to court, many times your appearance is not required, as the court uses your written report and documentation to substantiate the case. If you are required to testify, the court gives weight to your testimony, as you are the mandated reporter who made the report utilizing professional judgement.

**Immunity** - A mandated reporter is immune from civil or criminal liability when filing a report, whether or not it turns out that abuse has occurred. However, this does not mean that he or she cannot be sued. Anyone can be sued by another individual. So the possibility does exist that a disgruntled parent or guardian might sue a mandated reporter. Even though the reporter will not be found guilty of any wrongdoing, the reporter will nonetheless have to defend himself or herself in court and pay for legal counsel. If a child abuse/neglect mandated reporter is sued, the reporter can petition the State for up to \$50,000 in recompensatory legal fees. Any other dental personnel may report abuse and neglect, but they are not required to do so under the law.

**Penalties for Not Reporting** - If a dental professional examines a child, suspects abuse but does not report it, and abuse is discovered to have occurred, that dental professional can be liable for civil or criminal prosecution which can result in a fine of \$1000 and/or jail term of up to 6 months.

**Patient/ Provider Privilege** - In the case of child abuse reporting the healthcare provider/patient privilege does **NOT** apply. If a child, parent or caregiver confides to you or any of your staff that abuse has occurred, you must report it and are not required to keep that information confidential.

**Employee Acknowledgment Requirement** – A form currently used as an employee statement acknowledging mandated reporter responsibility in California is provided in this handout. *The Reporter Responsibility and Sample Employee Form* is from the California Department of Social Services Office of Child Abuse Prevention. The benefit of this form for the dental office is the ease of training new employees on the responsibilities of being a mandated reporter by reviewing the printed information. By using the form, the employer can provide education for the mandated reporters on staff and meet the intent of the California law.

Any person entering employment which makes him/her a mandated reporter must sign a statement, provided and retained by the employer, to the effect that he or she has knowledge of the reporting law and will comply with its provisions. (C.P.C. 11166.5[a]). Most employers are unaware that any dentist, registered dental hygienist or registered dental assistant who they employ must sign a statement acknowledging mandated reporter responsibilities. At the conclusion of your team meeting we encourage that a copy of both forms be provided to each mandated reporter. The forms should be signed and dated with the employing dentist or supervisor serving as the "Witness." The originals should be placed in the employee's personnel file, with copies being provided to the employee. (Shanel-Hogan & Jarrett, 1999)

## **CHILD ABUSE**

**DEFINITION** - Child abuse means a physical injury which is inflicted by other than accidental means on a child by another person." (Pen. Code 11165.6). The Law defines child abuse as: (1) Physical abuse, (2) Physical neglect, (3) Sexual abuse (4) and Emotional abuse.

**PROBLEM** - The California Department of Social Services reports that in 2001, 671,422 children were referred for investigation of child abuse and neglect. Each year, more than 3 million children are reported as abused or neglected to child protective agencies in the United States. A 1997 audit by the California Department of Health Services found that approximately 135 children died in the state as a result of child abuse and neglect. Nationally, it is estimated that three children die each day as a result of abuse and neglect.

## **EXAMPLES**

Physical abuse - Frustrated or angry parent or care giver strikes, shakes or throws a child. Intentional assault, such as burning, biting, cutting, poking, twisting limbs or otherwise torturing a child, is also included in this category of child abuse.

Physical neglect - Severe neglect includes either the negligent failure of a parent or caretaker to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. Physical neglect can also include a parent or caretaker willfully causing or permitting the person or health of the child to be placed in a situation such that his or her person or health is endangered. This includes the intentional failure to provide adequate food, clothing, shelter or medical care. An example of general neglect includes inadequate supervision, such as parents leaving their children unsupervised during the hours when the children are out of school.



Sexual abuse - Sexual assault includes rape, rape in concert, incest, sodomy, oral copulation, penetration of genital or anal opening by a foreign object and child molestation.

Emotional Maltreatment - Verbal assault (belittling, screaming, threats, blaming, sarcasm, unpredictable responses, continual negative moods, constant family discord and double-message communication are ways parents may subject their children to emotional abuse. (*Child Abuse Prevention Handbook*, California Attorney General's CVPC, Revised January 2000, and *Child Abuse, Educators Responsibilities*, CVPC, Revised August, 1999)

## The California Child Abuse and Neglect Reporting Law

The first child abuse reporting law in California was enacted in 1963. That early law mandated only physicians to report physical abuse.

Over the years, numerous amendments have expanded the definition of child abuse and the persons required to report. Procedures for reporting categories of child abuse have also been clarified.

It is important for mandated reporters to keep updated on periodic amendments to the law. Your local Child Abuse Prevention Council or county welfare department have current reporting law information. Also visit [www.leginfo.ca.gov](http://www.leginfo.ca.gov) for updated information on the law and any other code section referenced in this material.

The California Child Abuse and Neglect Reporting Law is currently found in **Penal Code (P.C.) Sections 11164-11174.3**. The following is only a partial description of the law. Mandated reporters should become familiar with the detailed requirements as they are set forth in the Penal Code.

### Who Are Mandated Reporters?

**P.C. 11165.7** defines "mandated reporters" as any of the following:

- 1) A teacher.
- 2) An instructional aide.
- 3) A teacher's aide or a teacher's assistant employed by any public or private school.
- 4) A classified employee of any public school.
- 5) An administrative officer or supervisor of

child welfare and attendance, or a certificated pupil personnel employee of any public or private school.

- 6) An administrator of a public or private day camp.
- 7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- 8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
- 9) Any employee of a county office of education or the California Department of Education, whose duties bring the employee into contact with children on a regular basis.
- 10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
- 11) A headstart teacher.
- 12) A licensing worker or licensing evaluator employed by a licensing agency as defined in **P.C. 11165.11**.
- 13) A public assistance worker.
- 14) An employee of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- 15) A social worker, probation officer, or parole officer.
- 16) An employee of a school district police or security department.
- 17) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.

- 18) A district attorney investigator, inspector, or local child support agency caseworker unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to **Section 317 of the Welfare and Institutions Code** to represent a minor.
- 19) A peace officer, as defined in Chapter 4.5 (commencing with **Section 830**) of Title 3 of Part 2 of the Penal Code, who is not otherwise described in this section.
- 20) A firefighter, *except for volunteer firefighters*.
- 21) A physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage, family and child counselor, clinical social worker, or any other person who is currently licensed under Division 2 (commencing with **Section 500**) of the **Business and Professions Code**.
- 22) Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with **Section 1797**) of the **Health and Safety Code**.
- 23) A psychological assistant registered pursuant to **Section 2913 of the Business and Professions Code**.
- 24) A marriage, family and child counselor trainee, as defined in subdivision (c) of **Section 4980.03 of the Business and Professions Code**.
- 25) An unlicensed marriage, family, and child counselor intern registered under **Section 4980.44 of the Business and Professions Code**.
- 26) A state or county public health employee who treats a minor for venereal disease or any other condition.
- 27) A coroner.
- 28) A medical examiner, or any other person who performs autopsies.
- 29) A commercial film and photographic print processor, as specified in subdivision (d) of **P.C. 11166**. For purposes of the California Child Abuse Reporting Law, "commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.
- 30) A child visitation monitor. For purposes of the California Child Abuse Reporting Law, "child visitation monitor" means any person who, for financial compensation, acts as monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law.
- 31) An animal control officer or humane society officer. For purposes of the California Child Abuse Reporting Law, the following terms have the following meanings: (A) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws and regulations. (B) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to **Section 14502 or 14503 of the Corporations Code**.
- 32) A clergy member, as specified in subdivision (c) of **P.C. 11166**. For purposes of the California Child Abuse Reporting Law, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.
- 33) Any custodian of records of a clergy member, as specified in this section and subdivision (c) of **Section 11166**.
- 34) Any employee of any police department, county sheriff's department, county probation department, or county welfare department.
- 35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 1424 of the Rules of the Court.

## Why Must You Report?

The primary intent of the reporting law is to protect an abused child from further abuse. Protecting the identified child may also provide the opportunity to protect other children. It is equally important to provide help for the parents. Parents may be unable to ask for help directly, and child abuse may be their way of calling attention to family problems. The report of abuse may be a catalyst for bringing about change in the home environment, which in turn may help to lower the risk of abuse in the home.

## What Do You Have To Report?

Under the law, when the victim is a child (a person under the age of 18) and the perpetrator is any person (including a child), the following types of abuse must be reported by all legally mandated reporters:

- a. A physical injury inflicted by other than accidental means upon a child. **(P.C. 11165.6.)** Note that child abuse *does not* include a "mutual affray between minors. It also *does not* include an injury caused by "reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment." **(P.C. 11165.6.)**
- b. Sexual abuse of a child, including both sexual assault and sexual exploitation. "Sexual assault" includes sex acts with a child, lewd or lascivious acts with a child, and intentional masturbation in the presence of a child. "Sexual exploitation" includes preparing, selling, or distributing pornographic materials involving children; employing a minor to perform in pornography; and employing or coercing a child to engage in prostitution. **(P.C. 11165.1.)**
- c. Willful cruelty or unjustifiable punishment, including inflicting or permitting unjustifiable physical pain or mental suffering, or endangering the child's person or health. **(P.C. 11165.3.)** "Mental suffering" in and of itself is not required to be reported. However, it may be reported. **(P.C. 11166.05.)**

- d. Willful infliction of cruel or inhuman corporal punishment or injury resulting in a traumatic condition. **(P.C. 11165.4.)**
- e. Neglect of a child, whether "severe" or "general," by a person responsible for the child's welfare. The term "neglect" includes both acts or omissions harming or threatening to harm the child's health or welfare. **(P.C. 11165.2.)**

## When Do You Have To Report?

Child abuse must be reported when a mandated reporter "...in his or her professional capacity, or within the scope of his or her employment has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect." **(P.C. 11166[a].)**

"Reasonable suspicion" occurs when "it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate, on his or her training and experience, to suspect child abuse or neglect." **(P.C. 11166[a][1].)** Although wordy, the intent of this definition is clear: if you suspect that abuse has occurred, make a report.

You must make a report immediately (or as soon as practically possible) by telephone and you must prepare and send a written report within 36 hours of receiving the information regarding the incident. **(P.C. 11166[a].)** Written reports must be submitted on Department of Justice form (SS 8572), which may be requested from your local police or sheriff's department, county probation department, or county welfare department. The mandated reporter may include with the report any nonprivileged documentary evidence they possess related to the incident.

## To Whom Must You Report?

The report must be made to any police department or sheriff's department (not including a school district police or security department),



county probation department, if designated by the county to receive mandated reports, or county welfare department. (P.C. 11165.9.)

## **Immunity**

Mandated reporters have immunity from criminal or civil liability for any report required under the Child Abuse Reporting Law (P.C. 11172 [a].) And if a mandated reporter is sued for making a report, he or she may be able to receive compensation for legal fees incurred in defending against the action. (P.C. 11172[c].)

Any person who makes a report of child abuse even though he or she is not a mandated reporter has immunity unless the report is proven to be false and it is proven that the person either knew the report was false or made it with reckless disregard of its truth or falsity. (P.C. 11172[a].)

## **Additional Safeguards for Mandated Reporters**

No supervisor or administrator may impede or inhibit a mandated reporter's reporting duties or subject the reporting person to any sanction for making a report. (P.C. 11166[g][1].)

Any supervisor or administrator who violates the above code section is guilty of an infraction punishable by a fine not to exceed five thousand dollars (\$5,000). (P.C. 11166.01.)

The mandated reporter's identity is confidential and may only be disclosed to specified persons and agencies. (P.C. 11167 [d][1].)

Mandated reporters and others acting at their direction are not liable civilly or criminally for photographing the victim and including the photograph with their report. (P.C. 11172[a].)

A clergy member who acquires knowledge or a reasonable suspicion of child abuse during a penitential communication is not mandated to report the abuse. "Penitential communication" means communication, intended to be in

confidence, including, but not limited to, a sacramental confession made to a clergy member. (P.C. 11166[c][1].)

## **Liability for Failure to Make A Required Report**

A mandated reporter who fails to make a required report of child abuse is guilty of a misdemeanor punishable by up to six months in jail and/or by a \$1,000 fine. (P.C. 11166[b].) He or she may also be found civilly liable for damages, especially if the child-victim or another child is further victimized because of the failure to report. (Landeros v. Flood [1976] 17Cal. 3d 399.)

## **Responsibilities of Agencies Employing Mandated Reporters**

On or after January 1, 1985, persons entering employment which makes them mandated reporters must sign statements, provided and retained by their employers, informing them that they are mandated reporters and advising them of their reporting responsibilities. (P.C. 11166.5[a].)

On and after January 1, 1993, any person who acts as a child visitation monitor, prior to engaging in monitoring the first visit in a case, shall sign a statement provided and retained by the court which ordered the monitor's presence to the effect that he or she has knowledge of the provisions of the Child Abuse Reporting Law. (P.C. 11166.5[a].)

On or before January 1, 2004, a clergy member or custodian of records **may** report to an agency specified in PC 11165.9 that the clergy member or custodian of records, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse that the clergy member or

custodian of records did not previously report. This shall apply even if the victim has reached the age of majority by the time the report is made. **(P.C. 11166(c)(3)(A) and (B).)**

Training in the duties imposed by the reporting law shall include training in child abuse identification and reporting. **(P.C. 11165.7[c].)** The absence of training shall not excuse a mandated reporter from the duties imposed by the reporting law. **(P.C. 11165.7[e].)**

## **Feedback to Mandated Reporter**

After the investigation is completed or the matter reaches a final disposition, the investigating agency is obligated to inform the mandated reporter of the results of the investigation and any action the agency is taking with regards to the child or family. **(P.C. 11170[b][2].)**

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Please note that the California Child Abuse Reporting Law may have changed since the printing of this material. This material has been reprinted to assist mandated reporters in determining their reporting responsibilities. It is not intended to be and should not be considered legal advice. In the event there are questions about reporting responsibilities in a specific case the advice of legal counsel should be sought.

Special thank you to Delta Dental of California for their work in developing the original material.

For additional information on child abuse prevention, you can contact:

**Crime and Violence Prevention Center**  
California Attorney General's Office  
1300 I St., Suite 1120  
(916) 324-7863  
[www.safestate.org](http://www.safestate.org)

## **DOMESTIC VIOLENCE**

Domestic violence is a major problem, both in California and throughout the United States.

**DEFINITION** - Domestic violence most often refers to intimate partner violence. It includes violence between spouses, individuals in dating relationships and former partners or spouses, and can occur inside or outside the home. Domestic violence often involves a pattern of behavior that includes physical, sexual, verbal, emotional and psychological abuse. The California Penal Code defines abuse as "intentionally or recklessly causing or attempting to cause bodily injury, or placing another person in reasonable apprehension of imminent, serious bodily injury to himself, herself or another."

**PROBLEM** - Every year, almost 6% of California's women suffer physical injuries from domestic violence. (1998-1999 California Women's Health Survey) In 2001, 161 murders were committed as a result of intimate partner violence in California. (California Department of Justice, Criminal Justice Statistics Center) In 2001, 122 women were killed by their husbands, ex-husbands or boyfriends in California and 33 men were killed by their wives, ex-wives or girlfriends. California law enforcement received 198,000 domestic violence calls in 2001, with weapons, including firearms and knives, involved in 136,366 of these cases. (DOJ, Criminal Justice Statistics Center)

## **RECOGNIZING SIGNS OF DOMESTIC VIOLENCE**

Offering assistance to a woman who remains in a battering relationship requires an understanding of identification with the forces which immobilize her. Although men are battered too, the statistics say women are more often the victim. Same sex partners also may be in a situation of battering. The battered often feel:

- ♦ Trapped
- ♦ Immobilized
- ♦ Angry
- ♦ Crippled
- ♦ Abused
- ♦ Emotionally dependent
- ♦ No place to go
- ♦ Hope the relationship will change
- ♦ Low self esteem

**FEAR:** Fear dominates the lives of most battered people who daily live with uncertainty about their life and safety. The tremendous fear and anxiety paralyzes the person, subjecting her/him to further domination and dependence. The battered person often does not leave the batterer because he/she is paralyzed by fear and anxiety.

**ANGER:** All victims experience anger at some level about the situation they are subjected to. Some can locate the anger, expressing it directly at the assailant while others internalize the anger, allowing it to turn inward which results in guilt and self-blame.

**GUILT:** Blame is directed at the battered person for all family conflicts and "marital problems" whereby she eventually believes the abuse or battering is a result of her own inadequacy as wife, mother, or lover. Women are taught that the violence is a result of their failure to meet the man's emotional needs.

**ISOLATION:** Most battered people are isolated from friends, family members and sources of support. They often isolate themselves because they are ashamed to admit they have been battered. Batterers actively maintain the person in an isolated state to ensure domination and control. They may threaten to harm family and friends if she goes to them for help or tells anyone about the abuse.

**ACCEPTANCE OF THE VIOLENCE:** Many women who are in battered situations have been socialized to accept the attitude that men hold the right to use physical violence against their wives or lovers as a means of punishment, discipline or to demonstrate superiority. Battered women may have had abusive fathers or family members who abused each other. Hence, they learn that violence is socially acceptable inside the home.

**EMOTIONAL DEPENDENCE:** Battered people often remain in battering relationship because they are emotionally dependent. Batterers establish this dependence by the fear, isolation, and depression inflicted through the abuse.

**ECONOMIC DEPENDENCE:** Economic dependence traps many women in abusive relationships. Many battered women do not hold a paying job and perceive themselves as incapable of living independently. Often in violent marriages, the husband controls all the finances and secures the family property in his name only. Many believe that the degree to which she is economically dependent ultimately determines whether or not she will attempt to break the relationship and establish an independent existence.

### **WHY DO THEY STAY?**

The most frequently asked question concerning a battering situation is why does she/he stay? While reasons range from children, love, guilt, fear, pride, embarrassment, financial dependence - or a combination thereof - it is very possible the person may be locked into a violence cycle.

### **Three-Phase Theory of Family Violence**

The family violence cycle consists of three phases: the tension-building phase, the acute-battering incident and the loving reconciliation. Although this section written about a man battering a woman, recognize that in intimate partner violence men batter men, women batter women, and women batter men.

#### **♦ Tension-Building Phase**

During this phase the woman senses her mate's increasing tension. He is "edgy" and perhaps challenges her and tells her she is stupid, incompetent, etc. The woman may internalize her appropriate anger at the man's unfairness and experience physical effects such as depression, tension, anxiety and headaches. As the tension in the relationship increases, minor episodes of violence increase, such as pinching, slapping or shoving.

#### ♦ **Acute-Battering Incident**

The tension-building phase ends in an explosion of violence. The woman may or may not fight back. Following the battering, she is in a state of physical and psychological shock. The man may discount the episode and underestimate the woman's injuries.

#### ♦ **Loving Reconciliation**

During the last phase of the family violence cycle, both parties have a sense of relief that "it's over." The man is often genuinely sorry for what happened and is fearful that his partner will leave him. He apologizes and may "shower" her with love and praise that helps her repair her shattered self-esteem. He tells her he can't live without her, so she feels responsible for his well-being and guilty for her actions and blames herself for what led up to the abuse.

#### **Increasing spiral of violence**

Once violence has begun, it continues to increase in both 'frequency and severity. Understanding the psychological consequences of her violent relationship can help the woman take power and choose constructive alternatives, as well as aid those who intervene to help her. (Crime and Violence Prevention Center - [www.safestate.org](http://www.safestate.org))

#### **THE POWER AND CONTROL WHEEL**

Domestic and partner violence and is a crime of relationship, power, and control.



From the Domestic Abuse Intervention Project, 202 East Superior Street, Duluth, MN 55802, [www.duluth-model.org](http://www.duluth-model.org)



## APPENDIX D

### SUGGESTED SCREENING QUESTIONS AND STRATEGIES

The following sample screening questions can also be used to develop a screening strategy most comfortable for each individual.

#### Framing questions:

- "Because violence is so common in many people's lives, I've begun to ask all my patients about it"
- "I am concerned that your symptoms may have been caused by someone hurting you"
- "I don't know if this is (or ever has been) a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely"

#### Direct verbal questions:

- "Are you in a relationship with a person who physically hurts or threatens you?"
- "Did someone cause these injuries? Was it your partner/husband?"
- "Has your partner or ex-partner ever hit you or physically hurt you?"
- "Do you (or did you ever) feel controlled or isolated by your partner?"
- "Do you ever feel afraid of your partner? Do you feel you are in danger?"
- "Is it safe for you to go home?"
- "Has your partner ever forced you to have sex when you didn't want to? Has your partner ever refused to practice safe sex?"
- "Has any of this happened to you in previous relationships?"

#### Effective screening strategies when working cross culturally:

It is important to adapt your screening questions and approach in order to be culturally relevant to individual patients. Listen to patients, pay attention to words that are used in different cultural settings and integrate those into screening questions. For example: for coastal Inuit groups, "acting funny" describes IPV, in some Latino communities, "disrespects you" indicates IPV. Focusing on actions and behaviors as opposed to culturally specific terminology can also help, or some groups may be more willing to discuss abuse if you use general questions. Be aware of verbal and non-verbal cultural cues (eye contact or not, patterns of silence, spacing and active listening during the interview).

#### SOME EXAMPLES INCLUDE:

- Use your patients language: "Does your boyfriend disrespect you?"
- Be culturally specific: "Abuse is widespread and can happen even in lesbian relationships. Does your partner ever try to hurt you?"
- Focus on behaviors: "Has your partner ever hit, shoved, or threatened to kill you?"
- Begin by being indirect: "If a family member or friend was being hurt or threatened by a partner do you know of resources that could help them?"

## APPENDIX E | VALIDATED ABUSE ASSESSMENT TOOLS

### ABUSE ASSESSMENT SCREEN<sup>61</sup>

- 1) Have you ever been emotionally or physically abused by your partner or someone important to you?  
 Yes ☐ No ☐  
 If yes by whom? \_\_\_\_\_  
 Total number of times \_\_\_\_\_
- 2) Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?  
 Yes ☐ No ☐  
 If yes by whom? \_\_\_\_\_  
 Total number of times \_\_\_\_\_
- 3) Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?  
 Yes ☐ No ☐  
 If yes by whom? \_\_\_\_\_  
 Total number of times \_\_\_\_\_
4. Within the last year, has anyone forced you to have sexual activities?  
 Yes ☐ No ☐  
 If yes by whom? \_\_\_\_\_  
 Total number of times \_\_\_\_\_
5. Are you afraid of your partner or anyone you listed above?  
 Yes ☐ No ☐

MARK THE AREA OF INJURY ON A BODY MAP AND SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCALE:

**If any of the descriptions for the higher number apply, use the higher number.**

- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing; no injuries and/or lasting pain
- 3 = Punching, kicking, bruises, cuts, and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon; wound from weapon



## **RADAR**

### **R – Recognize signs and symptoms of abuse/neglect. Routinely Screen**

Although many women who are victims of domestic violence will not volunteer any information, they will discuss it if asked simple, direct questions in a non judgmental way and in a confidential setting. Interview the patient alone.

### **A - Ask direct, non-judgmental questions with compassion**

"Because violence is so common in many women's lives I've begun to ask about it routinely":

"Are you in a relationship in which you have been physically hurt or threatened?"

If no, "Have you ever been?"

"Have you ever been hit, kicked, or punched by your partner?"

"Do you feel safe at home?"

"I notice you have a number of bruises; did someone do this to you?"

### **D - Document Your Findings**

Record a description of the abuse as she has described it to you. Use statements such as "the patient states that she was..." If she gives the specific name of the assailant, use it in your record. "She says her boyfriend John Smith struck her..." Record all pertinent physical findings. Use a body map to supplement the written report. Offer to photograph injuries. When serious injury or sexual abuse is detected, preserve all physical evidence. Document an opinion if the injuries were inconsistent with the patient's explanation.

### **A - Assess Patient Safety**

Before she leaves the medical setting, find out if she is afraid to go home. Has there been an increase in frequency or severity of violence? Have there been threats of homicide or suicide? Have there been threats to her children? Is there a gun present?

### **R- Review Options, Refer, Report**

If the patient is in imminent danger, find out if there is someone with whom she can stay. Does she need immediate access to a shelter? Offer her the opportunity of a private phone to make a call. If she does not need immediate assistance, offer information about hotlines and resources in the community. Remember that it may be dangerous for the woman to have these in her possession. Do not insist that she take them. Make a follow-up appointment to see her. If there is a situation of physical assault, let patient know you are a mandated reporter. Call law enforcement with the patient, if possible, to facilitate coordination and collaboration for the safety of the patient and her children.

-adapted from Massachusetts Medical Society

## **Financial Compensation**

- Under the Victim Compensation Program, California provides compensation to victims of crime, certain family members and others, based on their relationship with the victim. Those individuals who are eligible may be compensated for loss of earnings or support, medical expenses, mental health counseling, job rehabilitation or funeral/burial expenses, if there is no other source of reimbursement available. Limited attorneys' fees may also be paid. To be eligible, all claimants, including domestic violence victims, must cooperate with law enforcement in the apprehension and prosecution of the suspect.
- Information can be obtained from the Victim Compensation Program at 1-800-777-9229; or the California Victim Compensation and Government Claims Board, P.O. Box 3036, Sacramento, CA, 95812-3036. (*Domestic Violence Handbook*).

## **Intervention: Safety Planning**

### **Family Violence Prevention Fund <http://endabuse.org/>**

When a woman has been screened for domestic abuse and has been identified as a victim or suspected victim, it is important to speak to her about her immediate and future safety before she leaves the clinic. The severity of the current injuries or the abuse is not always an accurate predictor of future violence. Assisting the woman in making a safety plan can help a victim think through various options, and help the clinician assess the situation and better support her. The following check-list will help you initiate these important discussions.

#### **A. If she is planning to leave:**

- ☐ Does the woman have a friend or supportive family member that lives nearby with whom she can stay?
- ☐ Does she have a friend that will stay with her to minimize the violence in the home?
- ☐ Does she want to go to a battered women's shelter, homeless shelter or use other housing assistance programs such as hotel vouchers from social services or advocacy programs?
- ☐ Does she want to call the police, obtain an order of protection or an emergency protective order?

#### **B. If she is not planning to leave:**

- ☐ Would she call the police if the perpetrator becomes violent? Is she couldn't get to the phone, could she work out a signal with a neighbor to call for her and/or teach her children to call 911?
- ☐ What kind of strategies have worked in the past to minimize injuries? Does she think these strategies would continue to work for her?
- ☐ Can she anticipate an escalation of violence and take any precautions?
- ☐ Does she have a support network or friends or family that live nearby who could help her when she needs assistance?
- ☐ Are there weapons in the home? Can they be removed or placed in a safe locked area separate from the ammunition?

**C. If the perpetrator has been removed from the home:**

- ❑ Discuss safety measures such as changing the locks on the doors and windows, installing a security system, purchasing rope ladders, outdoor lighting sensitive to movement, smoke detectors and fire extinguisher, if affordable.
- ❑ It is important to teach children how to use the phone and make collect calls in case the perpetrator kidnaps them. Make arrangements with schools and daycare centers to release children to designated persons.
- ❑ Encourage her to tell her neighbors, family and friends that he has left and to call 911 if he is seen around the house.

**D. Being prepared to get away:**

- ❑ Discuss the following components of a safety plan with your patient:
- ❑ Encourage her to keep in a safe place:
  - keys (house and car)
  - important papers: social security cards and birth certificates (for parent and children), photo ID/driver's license, green cards
  - cash, food stamps, credit cards, checkbooks, etc.
  - medication for parent and children, children's immunization records
  - spare set of clothes
  - important phone numbers and addresses (friends, relatives, police, domestic violence shelter)
  - loose change to make phone calls from pay phones.
- ❑ If possible, she should pack a change of clothes for herself and her children, personal care items, extra glasses, etc.
- ❑ Have her plan with her children. Identify a safe place for them: a room with a lock or a neighbor's house where they can go, and reassure them that their job is to stay, not to protect her.
- ❑ Encourage her to arrange a signal with a neighbor to let them know when she needs help.
- ❑ Contact the local domestic violence program to find out about laws and community resources before they are needed.

## **SAFETY PLAN CHECKLIST**

### **Organizations I can call for help:**

Emergency \_\_\_\_\_ 911 \_\_\_\_\_  
Police/Sheriff \_\_\_\_\_  
Hotline \_\_\_\_\_  
Shelter \_\_\_\_\_

### **People I can call for support:**

Family \_\_\_\_\_  
Friend \_\_\_\_\_  
Counselor \_\_\_\_\_  
Other \_\_\_\_\_

### **Places I can go if I must leave home: (do not write down addresses)**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

### **Things I will take if I have to leave:**

- ☐ Money
- ☐ Keys
- ☐ Driver's license
- ☐ Car registration
- ☐ Checkbooks
- ☐ Credit cards
- ☐ Medications
- ☐ Address book
- ☐ Green card(s)
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### **Additional things I will take if I have time:**

- ☐ My birth certificate
- ☐ My children's birth certificates
- ☐ Automobile pink slip
- ☐ Lease, rental agreement or house deed
- ☐ Bankbooks
- ☐ Insurance papers
- ☐ Pictures and personal items of importance
- ☐ Family medical records
- ☐ Social security cards
- ☐ Welfare identification
- ☐ School records
- ☐ Work permits
- ☐ Passport
- ☐ Divorce papers
- ☐ Jewelry
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### **Preparations I can make as a part of my Action Plan:**

- ☐ Pack a bag with clothing, toiletries and medications for myself and my children and keep it in a safe place.
- ☐ Have extra money, keys, identification and copies of important papers in a safe place in case I need them.
- ☐ Keep extra clothing, toiletries, money and copies of important document with someone I trust. (I will memorize this name.)
- ☐ Know the location of a family violence shelter or other safe place and how to get there.
- ☐ Alert my neighbors to call 911 if they hear any suspicious sounds coming from my home.
- ☐ Practice making an emergency escape (with my children) and traveling to the location I have chosen as a safe place.
- ☐ Teach my children how to call 911 and how to be safe in the house.
- ☐ Join a support group or talk with a counselor.
- ☐ Read about domestic violence and learn about my legal rights.
- ☐ Make a list of other preparations I may want to consider:
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_

From *Domestic Violence Handbook: A Survivor's Guide*, Crime and Violence Prevention Center, California Attorney General's Office.

## **ELDER ABUSE**

**DEFINITION:** There are four general categories of elder abuse: (1) Physical abuse, (2) Psychological abuse, (3) Financial (fiduciary) abuse and (4) Neglect.

**PROBLEM:** Statistics uncover a frightening picture of elder abuse in California. One of every 20 elderly people will be a victim of neglect or physical, psychological or financial abuse this year. By the year 2020, the number of elderly in California is expected to double to 6.6 million. Already, there are 4.8 million Californians over 60 years of age. As the elderly population multiplies, so will the incidence of elder abuse... if we don't take action. We must recognize the seriousness of the problem and take the appropriate steps to prevent it. (*Elder Abuse, Crime and Violence Prevention Center*)

### **EXAMPLES:**

*Physical Abuse:* An adult child beats his elderly parent because the parent does not want to go to a retirement home. Or, a caretaker in a retirement home sexually assaults a disabled elderly person.

Possible indicators:

- Uncombed hair or unshaven.
- Poor skin condition or poor skin hygiene.
- Unkempt, dirty.
- Patches of hair missing and/or bleeding below the scalp.
- Malnourished or dehydrated.
- An untreated medical condition. - Soiled clothing or bed.
- Torn, stained or bloody underclothing.
- Foul smelling.
- Cuts, pinch marks, skin tears, lacerations or puncture wounds.
- Unexplained bruises or welts.
- Bruises or welts in various stages of healing.
- Burns - may be caused by cigarettes, caustics, friction from ropes or chains.
- Injuries that are incompatible with explanations.
- Injuries that reflect outline of object used to inflict it - electric cord, belt, hand.
- Home and yard in obvious need of repair.

*Psychological Abuse:* An adult child confines his/her elder parent to a room for extended periods of time, withholding emotional support or confinement. Or, an adult child verbally assaults, threatens or harasses his/her parent for whatever reason.

*Financial Abuse:* A con-artist contacts an elderly man or woman regarding fraudulent financial investments. Or, an elderly man or woman is extorted into giving money to a persons or person. This also includes theft, embezzlement, misuse of funds or property, extortion or fraud.

*Neglect:* A care-giver fails to assist in personal hygiene, fails to prevent malnutrition, fails to provide clothing and shelter or medical and dental care, or abandons an elderly person who is unable to take care of his or her self. ("Life Line: Recognizing and Reporting Elder Abuse," Crime and Violence Prevention Center)

What is true for Elder Abuse/Neglect is also true for Dependent Adult Abuse/Neglect.

# SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**  
Pursuant to Penal Code Section 11166

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

PLEASE PRINT OR TYPE

<b>A. REPORTING PARTY</b>	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY	
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS				Street	City
	REPORTER'S TELEPHONE (DAYTIME)		SIGNATURE		TODAY'S DATE	
<b>B. REPORT NOTIFICATION</b>	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY		DID MANDATED REPORTER WITNESS THE INCIDENT?	
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ADDRESS		Street	City	Zip	DATE/TIME OF PHONE CALL
<b>C. VICTIM</b> <small>One report per victim</small>	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX
	ADDRESS				Street	City
	PRESENT LOCATION OF VICTIM				SCHOOL	TELEPHONE
					Class	GRADE
	PHYSICALLY DISABLED?		DEVELOPMENTALLY DISABLED?		OTHER DISABILITY (SPECIFY)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	IN FOSTER CARE?		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:			
	<input type="checkbox"/> YES		<input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND			
	<input type="checkbox"/> NO		<input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME			
	RELATIONSHIP TO SUSPECT				PHOTOS TAKEN?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>D. INVOLVED PARTIES</b>	VICTIM'S SIBLINGS					
	1. NAME		BIRTHDATE	SEX	ETHNICITY	
	2. NAME		BIRTHDATE	SEX	ETHNICITY	
	VICTIM'S PARENTS/GUARDIANS					
	NAME (LAST, FIRST, MIDDLE)		BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY	
	ADDRESS		Street	City	Zip	HOME PHONE
					BUSINESS PHONE	
	NAME (LAST, FIRST, MIDDLE)		BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY	
	ADDRESS		Street	City	Zip	HOME PHONE
					BUSINESS PHONE	
<b>SUSPECT</b>	SUSPECT'S NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX
	ADDRESS				Street	City
					Zip	TELEPHONE
OTHER RELEVANT INFORMATION						
<b>E. INCIDENT INFORMATION</b>	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX: <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____					
	DATE / TIME OF INCIDENT		PLACE OF INCIDENT			
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)					

## DEFINITIONS AND INSTRUCTIONS ON REVERSE

SS 8572 (Rev. 12/02)

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded.

WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation Department; GREEN COPY-District Attorney's Office; YELLOW COPY-Reporting Party



## SUSPECTED VIOLENT INJURY/SUSPECTED DOMESTIC VIOLENCE INJURY REPORT

<ul style="list-style-type: none"> <li>Note to Law Enforcement: Patient's whereabouts and place of contact must be deleted from any report required to be disclosed to suspect or suspect's attorney.</li> <li>To Be Completed by Reporting Party Pursuant to Penal Code Section 11160-11163</li> <li>Type or print legibly</li> </ul>		Case Identification or Addressograph	Victim Name: _____ Medical Record # or PCR: _____
Reported to	Police/Sheriff (Circle one) Department Name: _____		Crime Report # _____
	Mailing Address _____		
	Name of Official Contacted _____	ID# _____	Phone ( ) _____ Date/Time Verbal Contact _____ Date/Time Written Copy Sent _____
Reporting Party	Name of Facility _____		Name of Reporting Party (print) _____
	Facility Address _____		Title of Reporting Party _____
	Phone ( ) _____	Date/Time of Observation _____	Signature of Reporting Party _____
Involved Parties	Victim	Name (Last, First, Middle) _____	DOB _____ Sex _____ Race _____ SS# or DL# _____ Marital Status _____
		Address _____	
		Ages of Children Living With Victim _____	
	Suspect	Location of victim after evaluation _____	
		Home phone ( ) _____ Message phone ( ) _____	
		Relationship to victim _____	
Name (Last, First, Middle) _____		DOB _____ Sex _____ Race _____	
Address _____			
Location of suspect _____		Home phone ( ) _____ Message Phone ( ) _____	
Incident Information	If Necessary, Attach Extra Sheet or Other Form and Check This Box <input type="checkbox"/>		
	Date/Time of Incident _____		Place of Incident _____
	Narrative description of Incident using victim's own words when possible _____		
	Type of Injuries: (Check one or more)		
	<input type="checkbox"/> Bruises <input type="checkbox"/> Fractures <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Gunshot Wound <input type="checkbox"/> Other _____ <input type="checkbox"/> Lacerations <input type="checkbox"/> Strangulation <input type="checkbox"/> Stab Wound <input type="checkbox"/> Sexual Assault		
	Location of Injuries: (Check one or more)		
	<input type="checkbox"/> Face <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Ribs <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Neck <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Extremities <input type="checkbox"/> Other _____		
	Narrative description of injuries <input type="checkbox"/> photos taken <input type="checkbox"/> x-rays <input type="checkbox"/> dental models available		
	Is victim willing to talk to law enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No    Primary language of the victim: _____		
	Describe a safe way to contact the victim: (contact person and contact phone number, time of day to call) _____		

### INSTRUCTIONS

- This is not a substitute for complete documentation in the medical record.
- The police crime report is not a substitute for this report.
- Report by phone to the jurisdiction where the injury occurred.
- Prepare this report and send to the contacted law enforcement agency within two days of receiving information about the injury.
- Retain a copy of this report.
- Sexual Assault, Child Abuse and Elder Abuse are reported on separate forms.

Original – Law Enforcement

Copy – Medical Records

**CONFIDENTIAL REPORT -  
NOT SUBJECT TO PUBLIC DISCLOSURE**

**REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE**

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

COUNTY APS/OMBUDSMAN CASE NUMBER

**RECEIVING AGENCY USE ONLY**

LAW ENFORCEMENT CASE/FILE NUMBER

**A. VICTIM** [As applicable under Welfare and Institutions Code (WIC) 15636 (a)] ☐ CHECK THIS BOX IF VICTIM CONSENTS TO DISCLOSURE OF INFORMATION (Ombudsman use only)

*NAME (LAST NAME FIRST)	*AGE	*DATE OF BIRTH	*SSN	*SEX <input type="checkbox"/> M <input type="checkbox"/> F	*ETHNICITY	*LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
-------------------------	------	----------------	------	---	------------	---

*ADDRESS (IF FACILITY, INCLUDE NAME)	*CITY	*ZIP CODE	*TELEPHONE ( )
--------------------------------------	-------	-----------	-------------------

*PRESENT LOCATION (IF DIFFERENT FROM ABOVE)	*CITY	*ZIP CODE	*TELEPHONE ( )
---	-------	-----------	-------------------

☐ ELDERLY (65+) ☐ DEVELOPMENTALLY DISABLED ☐ MENTALLY ILL/DISABLED ☐ PHYSICALLY DISABLED ☐ UNKNOWN/OTHER ☐ LIVES ALONE ☐ LIVES WITH OTHERS
**\*B. REPORTING PARTY:** Check Appropriate Box if Reporting Party Waives Confidentiality: ☐ ALL ☐ All but victim ☐ All but Perpetrator

*NAME (PRINT)	SIGNATURE	OCCUPATION	AGENCY
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RELATION TO VICTIM/KNOWS OF ABUSE	WHERE TO CONTACT	(STREET)	(CITY)	(ZIP CODE)	TELEPHONE ( )
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**C. INCIDENT INFORMATION - Address where incident Occurred:**

*DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SKIN BED <input type="checkbox"/> OTHER (Specify)
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**\*D. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).**

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63)	2. SELF-NEGLECT (WIC 15610.57(b)(5))
a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> OVER OR UNDER MEDICATION b. NEGLECT <input type="checkbox"/> FINANCIAL <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> ISOLATION c. ABUCTION <input type="checkbox"/> OTHER (Non-Mandated: e.g., deprivation of goods and services: psychological/mental)	a. PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter) b. MEDICAL CARE (e.g., physical and mental health needs) c. HEALTH AND SAFETY HAZARDS d. MALNUTRITION/DEHYDRATION e. OTHER (Non-Mandated e.g., financial)

 ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY) ☐ NO PHYSICAL INJURY ☐ MINOR MEDICAL CARE ☐ HOSPITALIZATION ☐ CARE PROVIDER REQUIRED  
☐ DEATH ☐ MENTAL SUFFERING ☐ OTHER (SPECIFY) ☐ UNKNOWN
**\*E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (E.G., ANIMALS, WEAPONS, COMMUNICABLE DISEASES, ETC.).** ☐ CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.**F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE.** (If unknown, list contact person).

*NAME	IF CONTACT PERSON ONLY ✓ CHECK <input type="checkbox"/>	*RELATIONSHIP
*ADDRESS	*CITY	*ZIP CODE
		*TELEPHONE ( )

**G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE.** (e.g., family, significant others, neighbors, medical providers and agencies involved, etc.)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP
		( )	

**H. SUSPECTED ABUSER** ✓ Check if ☐ Self-Neglect

NAME OF SUSPECTED ABUSER	<input type="checkbox"/> CARE CUSTODIAN (type)	<input type="checkbox"/> PARENT	<input type="checkbox"/> SON/DAUGHTER	<input type="checkbox"/> OTHER
	<input type="checkbox"/> HEALTH PRACTITIONER (type)	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHER RELATION	
ADDRESS	*ZIP CODE	TELEPHONE ( )	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY
			AGE	D.O.B.
			HEIGHT	WEIGHT
			EYES	HAIR

**I. TELEPHONE REPORT MADE TO:** ☐ APS ☐ Law Enforcement ☐ Ombudsman ☐ Calif. Dept. of Mental Health ☐ Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	*TELEPHONE ( )	DATE/TIME
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**J. WRITTEN REPORT** ☐ Mailed or ☐ Faxed (DO NOT FAX REPORT TO CDSS) FAX to agency to which telephone report was made.

AGENCY NAME	ADDRESS OR FAX #	DATE MAILED OR FAXED
-------------	------------------	----------------------

**K. RECEIVING AGENCY USE ONLY** ☐ Telephone Report ☐ Written Report

1. Report Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

2. Assigned ☐ Immediate Response ☐ Ten-day response ☐ No initial face-to-face required ☐ Not APS

Approved by: \_\_\_\_\_ Assigned to (optional): \_\_\_\_\_

3. Cross-Reported to: ☐ CDHS, Licensing & Cert.; ☐ CDSS-CCL; ☐ CDA Ombudsman; ☐ Bureau of Medi-Cal Fraud & Elder Abuse; ☐ Mental Health; ☐ Law Enforcement; ☐ Professional Board; ☐ Developmental Services; ☐ APS; ☐ Other (Specify) \_\_\_\_\_ Date of Cross-Report: \_\_\_\_\_

## STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT SUSPECTED ABUSE OF DEPENDENT ADULTS AND ELDERS

**NOTE: RETAIN IN EMPLOYEE/ VOLUNTEER FILE**

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

FACILITY \_\_\_\_\_

California law **REQUIRES** certain persons to report known or suspected abuse of dependent adults or elders. As an employee or volunteer at a licensed facility, you are one of those persons - a "mandated reporter."

### PERSONS WHO ARE REQUIRED TO REPORT ABUSE

**Mandated reporters** include care custodians and any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not paid for that responsibility. [Welfare & Institutions Code ("W&I") section 15630(a)] **Care custodians** include administrators or employees of any CDSS licensed facility, including support and maintenance staff, or persons providing care or services for elders or dependent adults. [W&I §§ 15610.17(e)&(j)]

### PERSONS WHO ARE THE SUBJECT OF THE REPORT

**Elder** means any California resident, 65 years or older. [W&I § 15610.27]

**Dependent adult** means any California resident, aged 18 through 64, who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights including, but not limited, to persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. [W&I § 15610.23]

### WHEN REPORTING ABUSE IS REQUIRED

Any mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be abuse or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting abuse or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse. This must be done **BY TELEPHONE IMMEDIATELY** or as soon as practically possible, and **BY WRITTEN REPORT WITHIN TWO (2) WORKING DAYS**. [W&I § 15630(b)]

### PENALTY FOR FAILURE TO REPORT ABUSE

Failure to report abuse of an elder or dependent adult is a MISDEMEANOR CRIME, punishable by jail time, fine or both. [W&I § 15630(h)]

### CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

The duties of mandated reporters are individual and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with the reporting law. [W&I § 15630(f)]

The reporting person, the report, and the information on the report, shall be kept confidential and may be disclosed **ONLY** as provided by law. Any violation of confidentiality is a MISDEMEANOR CRIME. [W&I § 15633(a)]

### ABUSE THAT MUST BE REPORTED

Abuse of an elder or dependent adult that must be reported includes: 1) physical abuse; 2) neglect; 3) financial abuse; 4) abandonment; 5) isolation; and 6) abduction. [W&I § 15630(b)]

### DEFINITIONS OF ABUSE

**Physical abuse** means any of the following: (1) **assault** (an unlawful attempt, coupled with a present ability, to commit a violent injury on another person); or assault with a deadly weapon; (2) **battery** (willful and unlawful use of force or violence upon another person); (3) **unreasonable physical constraint, or prolonged or continual deprivation of food or water**; (4) **sexual assault** (as defined in the Penal Code); or (5) **use of a physical or chemical restraint or psychotropic medication** for (a) punishment, or (b) a period beyond that for which the medication was ordered, or (c) any purpose not authorized by the physician and surgeon. [W&I § 15610.63]

**Neglect** means the negligent failure of any person having the care or custody of an elder or dependent adult to exercise that degree of care that a reasonable person in a like position would exercise. [W&I § 15610.57(a)] Neglect includes, but is not limited to, the following: (a) failure to assist in personal hygiene, or in the provision of food, clothing, or shelter; (b) failure to provide medical care for physical and mental health needs (unless the sole reason is voluntarily relying on treatment by spiritual means through prayer alone in lieu of medical treatment); (c) failure to protect from health and safety hazards; or (d) failure to prevent malnutrition or dehydration. [W&I § 15610.57(b)]

**Financial abuse** occurs when a person or entity does any of the following: (1) takes, secretes, appropriates, or retains real or personal property of an elder or dependent adult to a wrongful use or with intent to defraud, or both; or (2) assists in any of these acts. [W&I § 15610.30(a)]

**Abandonment** means the desertion or willful forsaking of an elder or dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody. [W&I § 15610.65]

**Isolation** means any of the following: (1) acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls; (2) telling a caller or prospective visitor that an elder or dependent adult is not present or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons; (3) false imprisonment (the unlawful violation of the personal liberty of another); or (4) physical restraint for the purpose of preventing the elder or dependent adult from meeting with visitors. [W&I § 15610.43(a)] These acts shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety. [W&I § 15610.43(c)]

**Abduction** means the removal from California and the restraint from returning, or the restraint from returning, of any elder or dependent adult who does not have the capacity to consent to the removal or restraint. [W&I § 15610.06]

#### **WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT**

If the abuse is alleged to have occurred in a long-term care facility, including a licensed or unlicensed residential facility serving adults or elders or an adult day program, you must report to either local law enforcement or the local long-term care ombudsman. [W&I § 15630(b)(1)(A)] If the abuse is alleged to have occurred anywhere other than a long-term care facility, you must report to either local law enforcement or county adult protective services. [W&I § 15630(b)(1)(C)]

**AS AN EMPLOYEE OR VOLUNTEER OF THIS FACILITY, YOU MUST COMPLY WITH THE DEPENDENT ADULT AND ELDER ABUSE REQUIREMENTS, AS STATED ABOVE. IF YOU DO NOT COMPLY, YOU MAY BE SUBJECT TO CRIMINAL PENALTY.**

I, \_\_\_\_\_, have read and understand my responsibility to report known or suspected abuse of dependent adults or elders. I will comply with the reporting requirements.

SIGNATURE

DATE

# **Reporter Responsibility and Sample Employee Form**

(P.C. 11166) Child Abuse and Neglect Reporting Law

## **Definitions**

- Types of Abuse:** The following situations are reportable conditions:
- Physical abuse
  - Sexual abuse
  - Child exploitation, child pornography and child prostitution
  - General and Severe Neglect
  - Extreme corporal punishment resulting in injury
  - Willful cruelty or unjustifiable punishment
- Who Reports:** The following individuals are legally mandated reporters:
- Health practitioners
  - Childcare custodians, teachers
  - Commercial film or photographic print processors in specified instances
  - Child protective agencies
  - Clergy
  - Child visitation monitor
  - Firefighters
  - Animal control personnel
  - Humane Society

## **Reporting**

**When to Report:** A telephone report must be made immediately when the reporter observes a child in his/her professional capacity or within the scope of his/her employment and has knowledge of, or has reasonable suspicion that the child has been abused. A written report, on a standard form, must be sent within 36 hours after the telephone report has been made.

**To Whom Do You Report:** You must report all suspected cases of child abuse to your county's Child Protective Services Agency.

**Individual Responsibility:** Any individual who is named in the reporting law must report abuse. If the individual confers with a superior and a decision is made that the superior file the report, one report is sufficient. However if the superior disagrees, or for some other reason does not make the report then the individual with the original suspicion must report.

**Anonymous Reporting:** Mandated reporters are required to give their names. Non-mandated reporters may report anonymously. Child protective agencies are required to keep the mandated reporter's name confidential, and disclosed only between child protective agencies, or to the district attorney in a criminal prosecution.

## **Legal**

**Immunity:** Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, reimbursement for fees incurred in the suit will occur up to \$50,000. No individual can be dismissed, disciplined, or harassed for making a report of suspected child abuse.

**Liability:** Legally mandated reporters can be criminally liable for failing to report suspected abuse. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than \$1,000 or both. Mandated reporters can also be civilly liable for failure to report.

**Notification Regarding Abuse:** You are not legally required to notify the parents that you are making a report; however, it is often beneficial to let the parents know you are reporting for the benefit of a future relationship.

I understand that I am a legally mandated reporter. I have clarified any information listed above which I did not understand and am now aware of my reporting responsibilities and am willing to comply. I have also requested an explanation of reporting policies within this agency and understand them as well.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Witness or Supervisor

\_\_\_\_\_  
Date

## **RESOURCES**

California Attorney General's Crime and Violence Prevention Center, [www.safestate.org](http://www.safestate.org)

California Department of Social Services. [www.childsworld.ca.gov](http://www.childsworld.ca.gov)

Official California Legislative Information, [www.leginfo.ca.gov](http://www.leginfo.ca.gov)

Governor's Office of Criminal Justice Planning, [www.ocjp.ca.gov](http://www.ocjp.ca.gov)

Office of Child Abuse Prevention, California, [www.childsworld.ca.gov](http://www.childsworld.ca.gov)

Prevent Child Abuse - California, [www.pca-ca.org](http://www.pca-ca.org)

National Center on Child Abuse and Neglect Clearinghouse, [www.calib.com/nccanch](http://www.calib.com/nccanch)

Prevent Child Abuse America, [www.childabuse.org](http://www.childabuse.org)

Childhelp USA National Child Abuse Hotline – 1-800-422-4453, [www.childhelpusa.org/](http://www.childhelpusa.org/)

The National Domestic Violence Hotline - 1-800-799-7233, [www.ndvh.org](http://www.ndvh.org)

California Alliance Against Domestic Violence, [www.caadv.org](http://www.caadv.org)

California Commission on the Status of Women, <http://www.statusofwomen.ca.gov>

California District Attorneys Association, [www.cdaa.org](http://www.cdaa.org)

Family Violence Program at San Diego Children's Hospital, [www.chsd.org](http://www.chsd.org)

Family Violence Prevention Fund, [www.fvpf.org](http://www.fvpf.org)

Statewide California Coalition for Battered Women, [www.sccbw.org](http://www.sccbw.org)

California Department of Aging, [www.aging.state.ca.us](http://www.aging.state.ca.us)

Office of the Attorney General, Bureau of Medi-Cal Fraud and Elder Abuse,  
<http://caag.state.ca.us/bmfea>

National Center on Elder Abuse, [www.elderabusecenter.org](http://www.elderabusecenter.org)

National Committee for the Prevention of Elder Abuse, [www.preventelderabuse.org](http://www.preventelderabuse.org)

## **ACKNOWLEDGEMENTS**

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George McClane, MD, Emergency Physician, San Diego

Massachusetts Medical Society, [www.massmed.org/dvbook/radar.asp](http://www.massmed.org/dvbook/radar.asp)

Family Violence Prevention Fund, <http://endabuse.org/>

The Domestic Abuse Intervention Project, 202 East Superior Street, Duluth, MN 55802, [www.duluth-model.org](http://www.duluth-model.org)

California Dental Association Abuse Detection and Education Program

P.A.N.D.A. Coalition of California

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## NOTES